# Medicaid Adult Expansion Report



December 11, 2020

# Expansion Enrollment by Subgroup

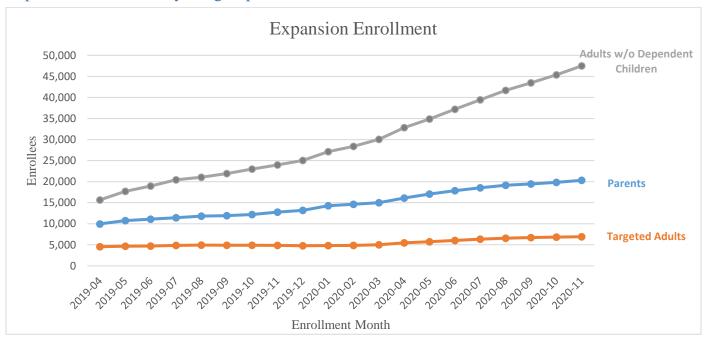


Figure 1 Expansion Enrollment

#### Bridge

Category	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12
Adults w/o Dep. Children	15,674	17,721	18,977	20,451	21,066	21,910	22,995	23,999	25,031
Parents	9,975	10,766	11,092	11,453	11,812	11,941	12,198	12,773	13,178
Targeted Adults	4,553	4,682	4,703	4,871	4,931	4,901	4,901	4,878	4,795
Total	30,202	33,169	34,772	36,775	37,809	38,752	40,094	41,650	43,004

Table 1a

### Fallback

Category	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11
Adults w/o Dep. Children	27,152	28,390	30,058	32,818	34,876	37,188	39,465	41,674	43,475	45,378	47,501
Parents	14,286	14,636	15,015	16,126	17,062	17,844	18,529	19,152	19,474	19,846	20,321
Targeted Adults	4,839	4,853	5,018	5,458	5,740	6,061	6,340	6,559	6,740	6,833	6,919
Total	46,277	47,879	50,091	54,402	57,678	61,093	64,334	67,385	69,689	72,057	74,741

Table 1b

#### **Notes:**

Enrollment as of December 11, 2020. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

# **Expansion Demographics**

Last update: October 2020

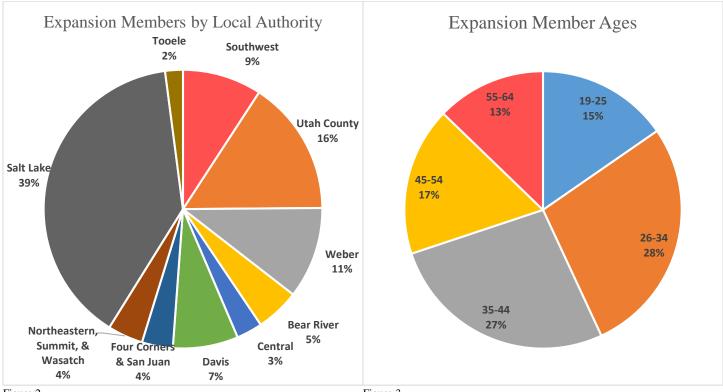


Figure 2 Figure 3

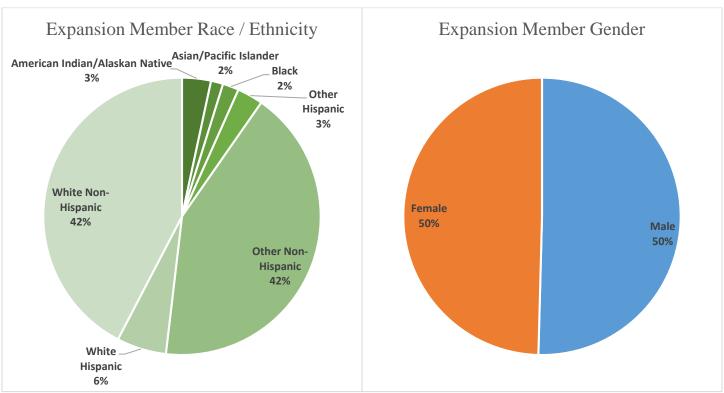


Figure 4 Figure 5

# Targeted Adult Medicaid (TAM) Enrollment by Subgroup

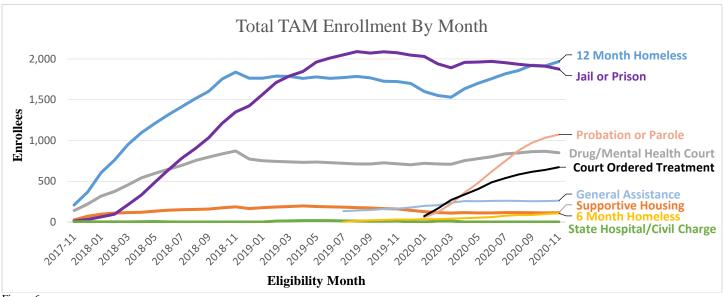


Figure 6

#### TAM Enrollment by Month

FY19 Totals	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	2019-01	2019-02	2019-03	2019-04	2019-05	2019-06
Total	3,042	3,321	3,591	3,975	4,243	4,126	4,256	4,438	4,517	4,553	4,682	4,703
Table 2a												
FY20 Category	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06
12 Month Homeless	1,771	1,786	1,768	1,727	1,723	1,698	1,600	1,552	1,530	1,633	1,701	1,758
6 Month Homeless	*	14	- 21	24	30	29	35	34	40	47	52	60
Supportive Housing	182	176	172	165	160	143	127	115	108	114	112	112
General Assistance	133	141	147	161	165	178	197	205	236	256	255	259
Court Ordered Treatmnt							72	164	270	337	403	487
Drug/Mental Health Crt	720	712	712	726	714	701	719	711	708	752	777	800
Jail or Prison	2,051	2,090	2,071	2,088	2,075	2,046	2,031	1,941	1,891	1,957	1,961	1,969
Probation or Parole							58	119	223	361	478	617
State Hospital/Civil Chrg	14	12	10	10	11	*	*	12	12	*	*	*
Total	4,871	4,931	4,901	4,901	4,878	4,795	4,839	4,853	5,018	5,458	5,740	6,061

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FY21 Category	2020-07	2020-08	2020-09	2020-10	2020-11
12 Month Homeless	1,816	1,858	1,922	1,916	1,968
6 Month Homeless	76	85	85	97	107
Supportive Housing	115	115	114	112	113
General Assistance	260	259	254	257	261
Court Ordered Treatmnt	538	582	615	639	672
Drug/Mental Health Crt	835	848	862	867	849
Jail or Prison	1,954	1,935	1,918	1,911	1,876
Probation or Parole	746	877	970	1,034	1,072
Total	6,340	6,559	6,740	6,833	6,919

Table 2c

**Notes:** Enrollment as of December 11, 2020. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

<sup>\*</sup>Domestic Violence and selected months from State Hospital/Civil Charge are suppressed due to low enrollment

## **Targeted Adult Medicaid Reimbursements**

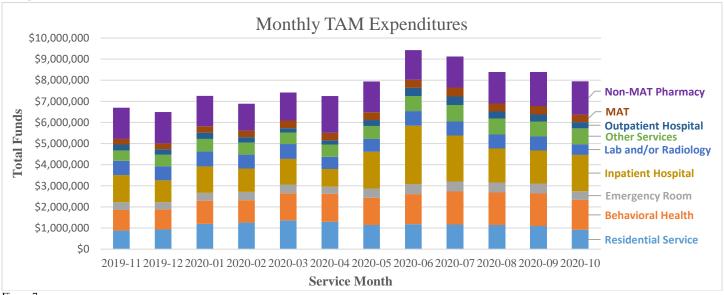


Figure 7

Monthly Expendi	tures (in	1,000's)	FY20							FY21				
Service Type	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	Total	
Residential Serv.	\$879	\$932	\$1,198	\$1,259	\$1,366	\$1,298	\$1,142	\$1,185	\$1,189	\$1,144	\$1,101	\$917	\$13,611	
Behavioral Health	\$982	\$952	\$1,096	\$1,060	\$1,282	\$1,325	\$1,290	\$1,422	\$1,540	\$1,534	\$1,537	\$1,417	\$15,436	
Emergency Room	\$369	\$347	\$375	\$393	\$411	\$329	\$443	\$480	\$486	\$492	\$473	\$408	\$5,007	
Inpatient Hospital	\$1,277	\$1,025	\$1,250	\$1,104	\$1,217	\$844	\$1,738	\$2,763	\$2,175	\$1,614	\$1,579	\$1,725	\$18,311	
Lab & Radiology	\$679	\$668	\$703	\$664	\$706	\$577	\$608	\$691	\$675	\$667	\$649	\$507	\$7,794	
Other Services	\$494	\$544	\$601	\$569	\$541	\$580	\$619	\$714	\$768	\$735	\$705	\$752	\$7,622	
Outpatient Hosp.	\$276	\$263	\$293	\$254	\$208	\$201	\$281	\$384	\$409	\$341	\$355	\$292	\$3,556	
MAT	\$266	\$278	\$305	\$308	\$366	\$351	\$365	\$387	\$411	\$385	\$379	\$359	\$4,161	
Non-MAT Pharm.	\$1,480	\$1,486	\$1,440	\$1,276	\$1,323	\$1,747	\$1,458	\$1,401	\$1,466	\$1,478	\$1,598	\$1,578	\$17,731	
Grand Total	\$6,702	\$6,495	\$7,262	\$6,890	\$7,421	\$7,254	\$7,942	\$9,426	\$9,118	\$8,390	\$8,376	\$7,954	\$93,229	

Table 3

<b>Distinct Members</b>	Served						FY20			FY	<b>721</b>	
Service Type	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
Residential Serv.	315	335	419	462	524	484	449	429	414	396	392	351
Behavioral Health	1,364	1,275	1,423	1,442	1,579	1,608	1,678	1,710	1,645	1,667	1,539	1,442
Emergency Room	498	509	504	502	556	438	544	577	608	625	619	632
Inpatient Hospital	96	99	109	102	115	110	168	174	163	152	151	162
Lab & Radiology	993	1,030	1,140	1,198	1,277	1,134	1,165	1,283	1,230	1,200	1,214	1,109
Other Services	4,722	4,626	4,486	4,527	4,732	5,225	5,495	5,826	6,084	6,369	6,598	6,722
Outpatient Hosp.	370	364	422	433	370	361	395	520	579	612	564	573
MAT	480	506	546	550	605	655	686	735	749	751	771	696
Non-MAT Pharm.	1,739	1,769	1,809	1,816	1,941	2,005	2,137	2,213	2,242	2,275	2,299	2,359
Grand Total	4,784	4,674	4,609	4,620	4,818	5,270	5,547	5,878	6,147	6,428	6,643	6,760

Table

- Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.
- These total fund amounts consist of federal funds, state restricted funds, and hospital share.
- Pharmacy expenses shown here are subject to future reductions due to rebates.
- The months shown here represent the month of service, which is not necessarily the month of payment. They are subject to change with future billings and adjustments. Providers may bill up to one year after the date of service.

# **Expansion Parents Enrollment**

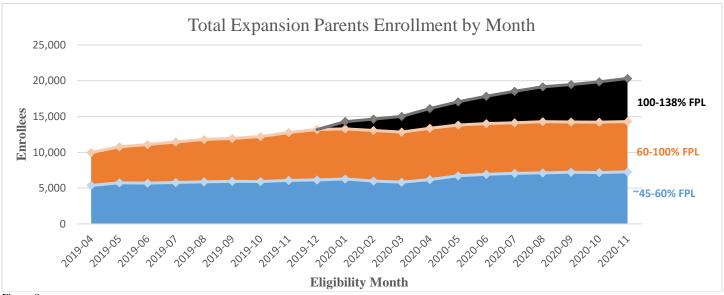


Figure 8

## **Expansion Parents Enrollment by Month**

## Bridge

Category	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12
60-100% FPL	4,594	5,033	5,393	5,654	5,934	5,994	6,271	6,683	7,022
~45-60% FPL	5,381	5,733	5,699	5,799	5,878	5,947	5,927	6,090	6,156
Total	9,975	10,766	11,092	11,453	11,812	11,941	12,198	12,773	13,178

Table 5a

#### Fallback

Category	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11
100-138% FPL	1,000	1,592	2,192	2,766	3,258	3,840	4,402	4,875	5,226	5,630	6,022
60-100% FPL	7,014	7,061	6,994	7,161	7,083	7,079	7,073	7,158	7,037	7,040	7,026
~45-60% FPL	6,272	5,983	5,829	6,199	6,721	6,925	7,054	7,119	7,211	7,176	7,273
Total	14,286	14,636	15,015	16,126	17,062	17,844	18,529	19,152	19,474	19,846	20,321

Table 5b

#### **Notes:**

Enrollment as of December 11, 2020. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage

# **Expansion Parents Reimbursements**

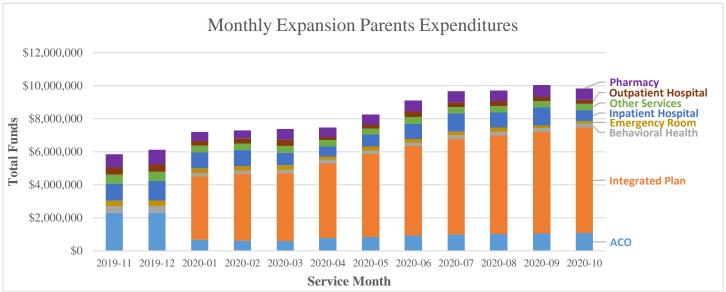


Figure	9

Monthly Expenditu	ures (in 1	,000's)	FY20 FY21										
Service Type	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	Total
ACO	\$2,301	\$2,297	\$673	\$620	\$600	\$788	\$864	\$935	\$989	\$1,015	\$1,048	\$1,087	\$13,217
Integrated Plan	\$0	\$0	\$3,835	\$4,043	\$4,104	\$4,530	\$5,006	\$5,418	\$5,782	\$5,992	\$6,163	\$6,379	\$51,254
Behavioral Health	\$407	\$427	\$206	\$201	\$209	\$217	\$229	\$229	\$229	\$245	\$250	\$242	\$3,090
Emergency Room	\$330	\$325	\$284	\$269	\$277	\$183	\$227	\$190	\$216	\$223	\$157	\$149	\$2,831
Inpatient Hospital	\$1,026	\$1,185	\$965	\$974	\$762	\$614	\$731	\$906	\$1,105	\$926	\$1,071	\$666	\$10,931
Other Services	\$551	\$551	\$417	\$396	\$404	\$392	\$351	\$451	\$390	\$367	\$398	\$386	\$5,052
Outpatient Hospital	\$431	\$445	\$277	\$317	\$377	\$165	\$238	\$312	\$279	\$316	\$229	\$237	\$3,622
Pharmacy	\$810	\$895	\$541	\$479	\$652	\$568	\$593	\$637	\$679	\$634	\$706	\$693	\$7,889
Grand Total	\$5,855	\$6,124	\$7,198	\$7,300	\$7,386	\$7,458	\$8,238	\$9,078	\$9,668	\$9,720	\$10,021	\$9,840	\$97,885

Table (
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Table 0												
<b>Distinct Members</b>	Served					F	Y20		FY21			
Service Type	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
ACO	4,537	4,539	1,553	1,438	1,417	1,861	2,043	2,202	2,325	2,381	2,436	2,532
Integrated Plan			7,844	8,283	8,401	9,299	10,263	11,085	11,822	12,257	12,596	13,006
Behavioral Health	6,314	6,401	3,717	3,858	3,939	4,160	4,369	4,517	4,677	4,847	4,924	5,001
Emergency Room	388	394	340	299	297	190	217	204	235	219	174	174
Inpatient Hospital	74	68	78	84	74	50	53	79	77	60	60	46
Other Services	1,949	1,935	1,331	1,349	1,404	1,199	1,187	1,355	1,259	1,252	1,311	1,278
Outpatient Hospital	659	638	409	399	367	240	311	398	391	340	341	335
Pharmacy	3,151	3,284	2,785	2,722	3,004	2,944	3,047	3,286	3,392	3,518	3,594	3,718
Grand Total	8,783	8,899	12,374	12,870	13,095	14,163	15,252	16,275	17,183	17,674	17,991	18,489

Table 7

- Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.
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# Expansion Adults without Dependent Children Enrollment

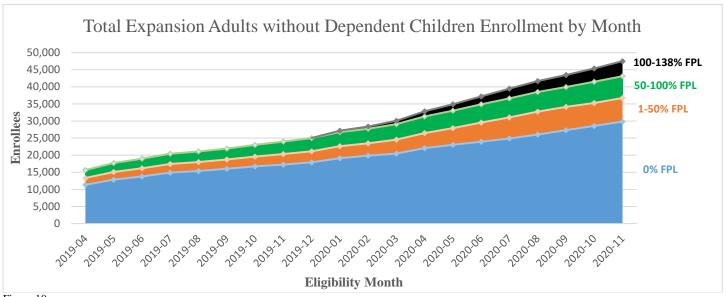


Figure 10

## Expansion Adults without Dependent Children Enrollment by Month

## Bridge

Category	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12
50-100% FPL	2,343	2,615	2,824	3,007	3,080	3,164	3,389	3,666	3,889
1-50% FPL	1,996	2,258	2,388	2,547	2,609	2,715	2,870	3,068	3,224
0% FPL	11,335	12,848	13,765	14,897	15,377	16,031	16,736	17,265	17,918
Total	15,674	17,721	18,977	20,451	21,066	21,910	22,995	23,999	25,031

Table 8a

#### Fallback

Category	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11
100-138% FPL	390	642	960	1,482	1,849	2,308	2,826	3,163	3,503	3,897	4,383
50-100% FPL	4,142	4,262	4,542	4,843	5,095	5,323	5,574	5,786	5,802	6,211	6,380
1-50% FPL	3,494	3,621	4,058	4,431	4,886	5,625	6,187	6,692	6,863	6,684	6,917
0% FPL	19,126	19,865	20,498	22,062	23,046	23,932	24,878	26,033	27,307	28,586	29,821
Total	27,152	28,390	30,058	32,818	34,876	37,188	39,465	41,674	43,475	45,378	47,501

Table 8b

#### **Notes:**

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# Expansion Adults without Dependent Children Reimbursements

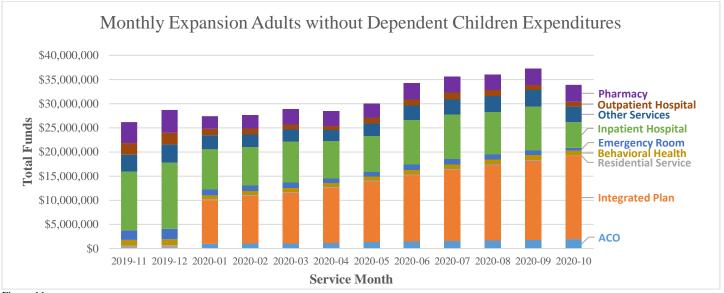


Figure 11

Monthly Expendit	tures (in	1,000's)				I	FY20						
Service Type	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	Total
ACO	\$0	\$0	\$967	\$1,050	\$1,097	\$1,234	\$1,373	\$1,514	\$1,634	\$1,751	\$1,842	\$1,972	\$14,432
Integrated Plan	\$0	\$0	\$9,056	\$9,864	\$10,406	\$11,328	\$12,508	\$13,640	\$14,667	\$15,440	\$16,315	\$17,179	\$130,403
Behavioral Health	\$1,182	\$1,241	\$817	\$832	\$875	\$862	\$874	\$933	\$984	\$1,050	\$996	\$1,020	\$11,665
Emergency Room	\$1,990	\$2,130	\$1,250	\$1,153	\$1,146	\$885	\$966	\$1,115	\$1,116	\$1,060	\$868	\$572	\$14,251
Inpatient Hospital	\$12,136	\$13,709	\$8,299	\$7,983	\$8,393	\$7,796	\$7,378	\$9,238	\$9,157	\$8,769	\$9,206	\$5,318	\$107,382
Other Services	\$3,506	\$3,787	\$2,919	\$2,599	\$2,558	\$2,272	\$2,595	\$3,044	\$3,155	\$3,271	\$3,377	\$3,219	\$36,303
Outpatient Hosp.	\$2,390	\$2,387	\$1,320	\$1,167	\$995	\$832	\$1,290	\$1,204	\$1,426	\$1,269	\$1,045	\$988	\$16,314
Pharmacy	\$4,347	\$4,745	\$2,611	\$2,758	\$3,181	\$3,046	\$2,831	\$3,377	\$3,308	\$3,202	\$3,364	\$3,516	\$40,286
Residential Serv.	\$623	\$704	\$160	\$191	\$227	\$209	\$203	\$195	\$180	\$233	\$235	\$111	\$3,271
Grand Total	\$26,174	\$28,704	\$27,401	\$27,597	\$28,876	\$28,463	\$30,018	\$34,260	\$35,626	\$36,044	\$37,248	\$33,895	\$374,307
Table 9													

Table 7												
Distinct Members	Served 1	FY21										
Service Type	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
ACO			2,065	2,249	2,364	2,650	2,973	3,282	3,540	3,808	4,028	4,340
Integrated Plan			15,587	17,060	18,050	19,708	21,872	23,964	25,856	27,301	28,929	30,566
Behavioral Health	2,601	2,596	6,469	6,700	7,059	7,472	7,907	8,418	8,783	9,296	9,569	9,914
Emergency Room	2,392	2,535	1,364	1,328	1,328	1,014	1,056	1,137	1,181	1,096	1,011	829
Inpatient Hospital	800	830	575	531	528	453	476	545	533	536	494	413
Other Services	22,432	23,365	25,419	26,653	27,774	30,676	32,749	35,029	37,068	39,156	41,145	43,327
Outpatient Hosp.	2,753	2,899	1,187	1,084	942	755	900	1,115	1,038	1,026	1,028	942
Pharmacy	9,013	9,445	7,560	7,935	8,443	8,481	8,911	9,632	10,005	10,311	10,716	11,264
Residential Serv.	239	284	70	66	53	40	50	58	45	46	50	36
Grand Total	23,027	24,012	26,530	27,750	28,970	31,769	33,811	36,142	38,236	40,296	42,201	44,233

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